

# **Challenge TB - East Africa Region**

## **Year 2**

### **Quarterly Monitoring Report**

**April-June 2016**



**Submission date: July 29, 2016**

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***Cover photo:*** PMDT training participants compiling field visit report after visiting Kibagabaga MDR TB Center in Kigali, Rwanda (Credit: Charles Ogolla)

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

## 1. Quarterly Overview

Country	East Africa Region
Lead Partner	KNCV Tuberculosis Foundation (KNCV)
Other partners	MSH, The Union
Work plan timeframe	July 2015 – June 2016
Reporting period	April-June 2016

### Most significant achievements:

During this quarter, the whole project team was on board and as a result some of the project kick off activities were accelerated. Such activities included sensitization workshop with border health facility staff on cross border initiative in three border counties (Marsabit, Turkana and Garissa), regional National TB Program (NTP) meeting and printing of the TB Infection Control Standard Operating Procedures (TB IC SOPs).

The following are some of the key achievements realized in the project:

### Staffing and operations

1. The Project Coordinator and M&E officer attended the Country directors' meeting in The Hague in June 2016. The meeting objective was to share best practices and experiences in the implementation of the CTB activities amongst the CTB countries. Furthermore, the meeting was also used for strategy development and annual work planning. This meeting was attended by representatives from Challenge TB partners, selected USAID missions, and representatives from USAID Washington. The Project Coordinator and M&E Officer were able to link up with CTB country projects working in the East Africa and Horn of Africa region, namely Ethiopia, South Sudan and Tanzania. This interaction laid a strong foundation for close collaboration in the region and also helped synergizing on-going and planned activities.
2. The Project Coordinator and M&E officer attended a five-day training on the programmatic management of drug resistance TB (PMDT) in Rwanda. The training was hosted by the Centre of Excellence (close collaboration already exists under this project) on PMDT at the school of Public Health of University of Rwanda. The training facilitators were from the Ministry of Health, WHO and NTP. The training was beneficial as the participants gained important knowledge on PMDT. This included case detection, case retention, key MDR-TB indicators, TB Infection control, TB regimens and Child hood TB. The knowledge acquired will be instrumental for the implementation and monitoring of the project activities. It was also a good opportunity for the team to interact with the COE team and other TB experts in Rwanda.

### Cross-border initiative

3. Fifty-nine (14 Females, 45 Males) health workers from 30 border health facilities and refugee camps in three counties i.e. Turkana, Garissa and Marsabit in Kenya were sensitized on the cross border TB initiative. From the meetings the teams developed county-specific action plans identifying the TB-related issues that need to be addressed in-country (specifically at the border areas) and also those by the country on the other side of the border. To facilitate the cross border TB initiative, it was agreed that the TB coordinators from the counties will be included in the existing cross border health committees. The next step will be to link the committees from the Kenyan sides with their counterparts in Ethiopia, Somalia, Uganda and South Sudan. This will establish communication channels amongst them and thus enhance case detection and follow up of the TB patients across the border.
4. A two-day East Africa and horn of Africa Regional NTP Meeting was held in April 2016 with attendance of NTP managers and M&E focal persons from Kenya, Uganda, Somaliland, Somalia and South Sudan. Stakeholders from United Nations High Commission for Refugees (UNHCR), International Organization for Migration (IOM), World Health Organization Kenya, World Health Organization Somalia, World Vision International, East Africa Community, United States Agency for International Development (USAID) East Africa bureau attended as well. NTPs from Tanzania and Ethiopia were not able to join the regional NTPs meeting in Nairobi. The meeting was attended by staff from the Project Management unit (PMU) and KNCV HQ Human Resource Development (HRD) consultant. The goal of the workshop was to introduce NTPs of East Africa and Horn of Africa to: Challenge TB East Africa regional project, KNCV strategic approaches and progress made. A total of 25 (6 Females, 19 Males) were in attendance. During the meeting the participants reviewed the project documents which included the inter-country referral tool and protocol, cross border initiative guide, regional

coordination secretariat terms of reference and criteria for selection of the TB palliative care sites. Input from participants was consolidated and the tools have been finalized and are ready for use. The tools will be used to guide the implementation and documentation of the project activities, furthermore the inter-country referral tool will be rolled out during the cross border committee meetings as this will be the best forum to bring in participants from the different countries involved. With the support secured from all participants at the meeting the project will to implement its activities in collaboration with the country NTPs and thus reach the targeted population.

#### **Bio-safety measures in laboratories ensured**

5. Translation of the Standard Operating Procedures (SOPs) on TB-Infection Control in the Somali language was finalized based on the comments made by the Somali laboratory teams. 500 copies were printed and dissemination of these SOPs is planned for the next quarter. It is expected that the utilization of the SOPs will enhance bio safety measures in the TB laboratories. The project team will collaborate with SNRL to provide technical assistance to aid the implementation of the SOPs in Somalia.

#### **Qualified staff available and supportive supervisory systems in place**

6. An inventory of existing and potential training institutions for the training corridor in the region has been developed by the EA region team. In addition to adding other training institutions onto this inventory, TB experts in the region that can offer TB-related training will also be identified and placed in the directory. In the next quarter, the training institutions will be contacted to begin discussions of how they can be integrated in the formation of the Regional Training Corridor for TB and the courses that they will offer.
7. The Rwanda based Center of Excellence (COE) conducted its 7<sup>th</sup> international training on PMDT in the month of May 2016 (23<sup>rd</sup> to 27<sup>th</sup>). During this training a total of 20 (4 Females, 16 Males) participants from six countries (i.e. Kenya, Ethiopia, Rwanda, Nigeria, Tanzania and South Sudan) attended. There was remarkable improvement in terms of participants sponsoring themselves with 10 participants (50%) paying for the course as compared to the previous one where all of the participants' costs were waived. Of the 20 participants 11 were international while the remaining 9 were local. CoE is thus on the right track to financial sustainability which is an important achievement in its role in PMDT training.
8. KNCV selected and contracted a consultancy firm (Blue Edge Marketing consultants) to develop a business plan for COE in line with its objectives to become a regional center of excellence. Blue Edge has developed the study plan and study tools for the development of the business plan. The business plan will be ready during the next quarter. A dissemination workshop is proposed during the next quarter.

#### **Technical/administrative challenges and actions to overcome them:**

##### **Administrative**

The delays experienced in the first quarter will try to be avoided by a better planning, taking into consideration possible delays.

There is a lack of regular flights to travel to Moyale in Marsabit county (both priority counties for the implementation of the CTB interventions,). Road travel to Moyale is a viable, but very time-consuming option. The team decided to register with ECHO, which provides subsidized flight fares for staff of non-governmental organizations, to be able to travel in a cost effective manner to the counties. This organization is working well as it appears and is also not very costly. Insecurity due to banditry or terrorist acts remain a major challenge for the implementation of CTB project activities especially in the Kenya-Somalia border. The project is in the process of developing a security plan to support decision making around implementation, monitoring and supervision of project activities in the mentioned area.

## 2. Year 2 activity progress

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	April-June 2016		
Implementation of an effective patient referral and transfer system across three countries in the region (Ke, SOM and TZ)	1.4.1		Launch of the Strategy on Cross Border and Regional Program ming in TB Control (Print 150 copies, Banners, Launch activities)			<p>The inter country referral tool and protocol was finalized during the regional NTP meeting that was held in April 2016. This tool will aid in documentation of the TB patients referred from one country to the other.</p> <p>During the field visit in Moyale, the Transit register of the Moyale Sub County Hospital TB Manyatta registered 20 (9 Ethiopians, 11 Kenyans) TB patients who had been referred by December 2015 but there was no follow up done. This gap will be handled effectively once the cross border committee is formed since it will be one of the critical roles of the committee to ensuring closer follow up.</p>	<b>Partially met</b>	Although the finalized copy of the inter-country referral system tool and protocol have been shared with the NTPs from the East and Horn of Africa region, further engagement with the NTPs in the region will be necessary for adoption of the inter-country referral tool. These discussions will be initiated in the cross border facility sensitization meetings that are planned in the next quarter.
Operationalize cross-border planning in 4 high volume border areas including horn of Africa (KE/SOM, TZ/UG, KE/UG, SOM/ET)	1.4.3		Map health facilities at border areas and their use by			Priority counties for the implementation of the cross border demonstration sites were agreed on with the Kenya NTP. Border facilities have already	<b>Partially met</b>	Selection of the facilities on the Kenyan side has already been done. Facility sensitization workshops held in the three priority

			mobile/ immigrant populations for TB services			<p>been identified in Turkana, Marsabit and Garissa counties: 10 from <b>Garissa</b> (Hamey Dispensary, Liboi Health Centre, Damajale, Hulugho Sub County Hospital, Amuma Dispensary, Bula Golol, IFO II Hospital, Dagahaley MSF Hospital, IFO I Hospital and Hagadera); 12 from <b>Marsabit</b> county (Anona Dispensary, Dambalafachana Health Centre, Godoma Model Health Centre, Heillu Dispensary, Moyale Sub County -Custom Dispensary, Kinisa Dispensary, Manyatta Dispensary, Gurumes Dispensary, Mansile Dispensary, Somare Dispensary, Uran Health Centre and Yaballo Dispensary) and; 8 in <b>Turkana</b> county (Kakuma Refugee Hospital, Letea Dispensary, Lokichogio (AIC) Health Centre, Lokipoto Dispensary, Lopiding Sub-County Hospital, Loreng Dispensary, Nanam Dispensary and Oropoi Dispensary).With the regional NTP meeting concluded it is anticipated that the efforts of identification of</p>		<p>border counties in Kenya identified some TB related challenges that need to be addressed. This include communication channels across the border, cross border committee composition and issues that need to be addressed in-country and across the border.</p> <p>The project aims to get the names of the focal persons from the other sides of the border to engage in the selection of the sites. The mapping will be completed by the end of next quarter.</p>
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						the corresponding border facilities across the border will be expedited.		
			<p>Hold bi-annual cross-border program planning meetings (at local level) in each border area to operationalize national level strategies .</p> <p>Meeting reports with outcomes and next steps will be developed</p>			<p>59 (14 Females, 45 Males) Health workers from thirty border health facilities and refugee camps on Kenyan side in the three counties i.e. Turkana, Garissa and Marsabit were sensitized on the cross border initiative.</p> <p>A two-day East Africa Regional NTP Meeting was done in April 2016 with attendance of NTP managers and M&amp;E focal persons from Kenya, Uganda, Somaliland, Somalia, South Sudan and other stakeholders from UNHCR, IOM, WHO Kenya, WHO Somalia, World Vision International, EAC, USAID EA bureau. A total of 25 (6 Females, 19 Males) were in attendance.</p> <p>During the meeting the participants reviewed the project documents which included inter country referral tool and protocol, cross border initiative guide, regional coordination secretariat terms of reference and criteria for selection of the TB palliative care sites. Input from</p>	<b>Partially met</b>	<p>So far the project has been able to conduct border health facility staff sensitization in the three border counties on the Kenyan side. The project plans to conduct similar sensitization workshops to border health facility staff in Ethiopia, Uganda, Somalia and South Sudan in the next quarter.</p> <p>USAID/EA together with KNCV will update Ethiopia and Tanzania on the deliberations made during the regional NTP workshop as well as the plans for cross border TB control in the next quarter.</p>

						participants was consolidated and the tools have been finalized.		
Develop a regional coordination system to enhance networking and multi-country partnerships for cross-border TB control	1.4.4	Identify a regional focal point	TA for review of algorithms for migrant screening and their harmonization			ECSA has designated a focal person. The coordination mechanism TOR was finalized at the regional NTPs meeting.	<b>Partially met</b>	The selection process for the coordinating body for the TB forum will commence in the next quarter.

### Sub-objective 2. Comprehensive, high quality diagnostics

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Apr-Jun 2016		
Support to the SNRL in Uganda for recurrent costs and salaries in the interim period	<b>2.7.1</b>	Salary and recurrent costs for part of the staff				Sub-agreement with the SNRL was signed for the retention of 3 staff (SNRL Manager, Lab manager and a Microbiologist. This was implemented and completed. Upon sub-agreement completion, the positions are being supported by the Global Fund.	<b>Met</b>	
Provide TA to Somalia for laboratory biosafety implementation	2.7.2	TA to Somalia  Translate the SOPs into Somali language  Print SOPs	Print & Disseminate the SOPs to all laboratories in Somalia	Monitor implementation of SOPs (by SNRL) 3 one week missions by SNRL/KNC		500 copies were printed and dissemination of these SOPs is planned for the next quarter. It is expected that the utilization of the SOPs will enhance TB laboratory bio safety	<b>Partially met</b>	Technical assistance will follow in the next quarter



		as booklets– 300copies		V		measures		
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### Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Apr-Jun 2016		
Strengthening PMDT	3.2.1		Support endorsement of X/MDR TB policy at ECSA-HC health ministers conference (HMC) Print the policy (50 copies) and e-copies  Document the MDR-TB failures in the ECSA-HC region and identify a country for demonstration site for implementing palliative care/new drugs containing regimen.			Criteria for identifying the country for implementation of a pilot/demonstration site on managing the failures including palliative care have been developed. The criteria was discussed in the regional NTP meeting  ECSA finalized the Policy on Management of M/XDRTB failures and submitted it for publication and dissemination.	<b>Partially met</b>	X/MDR TB policy will be launched during the 63 <sup>rd</sup> Health Ministers Conference in November 2016 in Swaziland

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Apr-Jun 2016		
Maintenance of regional drug management Dashboard	9.1.1	Identify and contact persons in each country in the region responsible for QuanTB and reporting/posting of stocks to ECSA-HC on dashboard (monthly/quarterly basis)		TA from MSH to maintain dashboard		ECSA continued to engage Rwanda and Uganda on the development of the online portal for TB commodity and data management. The data collection tool was shared with the two countries.	<b>Met</b>	
Training in QuanTB	9.1.2	Organize training in QuanTB for identified countries				The focus now is to first work with those NTPs which already are using QuanTB: Kenya, Tanzania and Uganda and then scale up later.	<b>Partially met</b>	The project team found necessary to first pilot with the 3 countries which have been using QuanTB for some time and do any revisions before it is scaled up
ECSA secretariat	9.1.3	ECSA-HC secretariat to support the system and provide technical input. (LoE 0,5 fte) with clear ToRs and expected deliverables, reporting				Sub-agreement signed with ECSA and now actively involved in the finalization of the dashboard.	<b>Partially met</b>	The TB supply chain portal will be placed on the ECSA website in the next quarter.

		lines and deadlines						
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Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Apr-Jun 2016		
Support COE to get regional accreditation	11.1.1	Identify consultancy firm for Business plan development	Development of Business plan			The contract with Blue Edge Marketing was finalized and the consultancy commenced during this quarter. So far the firm has been able to develop the study plan and study tools for the exercise furthermore desk review has already been concluded.	<b>Partially met</b>	Based on the study plan it is anticipated Blue Edge Marketing firm will conclude the contract in August 2016 with the dissemination workshop being done by the end of the same month
Establish a Regional Training Corridor	11.1.2		Map the existing training organizations and trainings			Inventory of existing and potential training institutions in the region has been developed. Mapping tool and the Training corridor TOR have already been developed. The documents were shared during the Regional NTP meeting	<b>Met</b>	
Create a regional NETWORK of TB/MDR-TB Pediatric experts	<b>11.1.4</b>		1. E-learning course: Childhood MDR-TB - Development of a design document for			A design document for the online MDR-TB in children course was developed; those involved in the process were subject-matter experts in the	<b>Partially met</b>	The facilitator guide will be piloted and finalized in the next two quarters.

			<p>the online MDR-TB in children course.</p> <p>2. Facilitator guide for the 'Childhood TB for healthcare workers'- Completion of a draft facilitator's' guide for face-to-face training on "Childhood TB for Healthcare Workers: An online course"</p> <p>3. Trainer-of-Trainers course on Childhood TB</p>			<p>care of MDR-TB in children as well as TB training.</p> <p>A draft facilitator guide for face-to-face training on "Childhood TB for Healthcare Workers: An online course" was completed</p>		
Operationalize the Pre-service Competency Based TB Curriculum for Nursing	11.1.5		Identify one institution -Up-date tutors from pre-service nursing schools on TB			The team Continued engagement with the Ministry of Health and Social Welfare of the United Republic of Tanzania and the National TB program to identify a Nursing Institution for piloting of the curriculum and training of tutors.	<b>Partially met</b>	The project team is still awaiting the identification of the pilot site/demonstration site by Tanzania. This activity has been moved to APA3. Demonstration sites identification will therefore take place in Q1 and completed in Q2 of APA3.

### 3. Challenge TB's support to Global Fund implementation in Year 2

#### Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
QPA-T-ECSA	N/A	Not Available	6,136,774	745,905	Not Available

\* Since January 2010

#### In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The Global Fund regional ECSA project was signed on 27<sup>th</sup> October 2015 and started on the 1<sup>st</sup> November 2015. It was launched in December 2015. So far baseline assessment has been done in 18 countries and technical assistance for culture and DST provided to Somalia, Ethiopia and South Sudan. In addition, technical assistance was provided to Burundi and Malawi by SNRL

#### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Challenge TB has so far not been involved in the implementation or support

#### 4. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q1	Q2	Q3	Q 4					
1	KNCV	Ieva Leimane		Q2			Project start up meeting	Complete	31 July 2015	5	PO replaced the Technical advisor and attended stakeholders meeting in Nairobi
2	KNCV	Ieva Leimane			Q3		CoE Support	Complete	30 January 2016	2	Project coordinator and Project Officer replaced TA. This was to facilitate the sub-contracting and introduction of the PC to CoE
3	KNCV	Ieva Leimane				Q4	CoE support	Complete		7	One of this travels was replaced by TFP.
4	KNCV	Mischa Heeger			Q3		Management support	Complete	31 July 2015	5	In Q2 the Portfolio manager attended the Stakeholders meeting in Nairobi.
5	KNCV	Victor Ombeka			Q3		Attend Country Directors meeting	Complete	5 June 2015	6	The Hague
6	KNCV	Victor Ombeka			Q3		EAR project presentation to ECSA	Complete	25 June 2015	2	Arusha
7	KNCV	Victor Ombeka			Q3		Meeting-IMW	Complete	25 September 2015	6	The Hague
8	KNCV	Various			Q3		Workshop for development and harmonization of a recognized cross referral tool and universal registration system	Complete	20 April 2016	3	Two PMU members attended the regional NTP workshop where the referral tool was finalized The NTP represented in the workshop were from Uganda, Kenya and Somalia
9	KNCV	ECSA			Q3		Map TB health facilities for border areas	Cancelled		28	Approach changed to getting details during facility sensitization

10	KNCV	Various				Q4	Annual review meetings	Pending		16	Deferred to year 3
11	KNCV	Victor Ombeka				Q4	UNION Conference	Complete	8 December 2015	5	Cape town
12	KNCV	TBD				Q4	QUANTB training	Cancelled		7	Countries in the area of focus have been trained through other sources
13	KNCV	Ieva Leimane				Q3	COE, NTPs in a Region	Complete	22 April 2016	7	Attended the Regional NTP meeting in April 2016 and thereafter supported the project team
14	KNCV	Millicent Ngicho				Q3	CoE Sub contract	Complete	29 January 2016	5	PO travelled to Kenya for operations and Rwanda for sub-contracting.
15	MSH	Mavere Tukai				Q4	Support regional medicines dashboard	Complete	9 February 2016	14	
16	KNCV	1 SNRL person				Q4	Lab biosafety Implementation-Somalia	Pending		14	Scheduled for Q4
17	KNCV	1 SNRL person				Q4	Lab biosafety Implementation-Somalia	Pending		14	Translation of SOPs delayed. Deferred/Scheduled for Q4
18	KNCV	Esther Mungai				Q3	Attend Country Directors meeting	Complete	25 June 2016	6	The Hague
19	KNCV	Charles Ogolla				Q3	Attend Country Directors meeting	Complete	25 June 2016	6	The Hague
20	KNCV	Esther Mungai				Q3	Attend PMDT training and also to meet COE	Complete	27 May 2016	6	Kigali
21	KNCV	Charles Ogolla				Q3	Attend PMDT training and also to meet COE	Complete	27 May 2016	6	Kigali
22	KNCV	Dennis Chalinga				Q4	To attend the Financial meeting week in Hague	Pending		7	To be reported in next quarter 4
Total number of visits conducted (cumulative for fiscal year)								15			
Total number of visits planned in approved work plan								22			
Percent of planned international consultant visits conducted								68%			

